

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/807402

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.				
1	/		/					
2	/		/					
3	/		/					
4	3		/					
5	6		/					
6	8		/					
7	0		/					
8	0		/					
9	0		/					
10	0		/					
11	0		/					
12	0		/					
13	5		/					
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TOTAL IND.	/		/					
TOTAL DEP.	17	↔	15	↔	17	↔		
TOTAL CLAIMS	15	↔	16	↔	16	↔		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS